

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA050001416	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/24/2022
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NAME OF PROVIDER OR SUPPLIER LOMPOC SKILLED NURSING & REHABILITATION CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1428 W NORTH AVE LOMPOC, CA 93436
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during a staffing audit visit for 24 randomly selected days from 10/01/2021 to 12/31/2021.</p> <p>Representing the Department: M.S., Associate Governmental Program Analyst.</p> <p>Health and Safety Code (HSC) section 1276.66 sets forth the Department's authority to conduct audits of direct caregiver nursing services provided to residents of skilled nursing facilities, and to establish procedures for conducting such audits through All Facility Letters (AFLs). <http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1276.66&lawCode=HSC></p> <p>AFL 21-11, setting forth the audit process and guidelines for facilities is available through the following link: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-11.aspx></p> <p>HSC 1337-1338.5, sets forth the requirements for Certified Nurse Assistants is available through the following link: <https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?division=2.&chapter=2.&lawCode=HSC&article=9></p> <p>HSC section 1276.66 requires the Department to assess an administrative penalty to a SNF if the Department determines that the SNF fails to meet the DHPPD requirements pursuant to HSC sections 1276.5 or 1276.65. The Department shall assess an administrative penalty to any facility that fails to meet the applicable standard for staffing requirements on any given day. The</p>	A 000	<p>This plan of correction constitutes the facility's Written credible allegation of compliance. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusion set forth on the Statement of Deficiencies. This plan of correction is prepared and/or executed solely because required by the provisions of the health and safety code section 1280 and 42 CFR 483.</p>	

Licensing and Certification Division

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6999

IWB811

If continuation sheet 1 of 3

[Signature]

ADMINISTRATOR

12-23-2024

California Department of Public Health

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LOMPOC SKILLED NURSING & REHABILITATION CEI

**1428 W NORTH AVE
LOMPOC, CA 93436**

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A 000	<p>Continued From page 1</p> <p>applicable standard is 3.5 DHPPD and 2.4 DHPPD (CNA), unless an approved Workforce Shortage or Patient Needs Waiver is granted.</p> <p>The statute was not met as evidenced by the following findings:</p> <p>Final Audit Result:</p> <p>Total Distinct Non-Compliant Day(s) = 5</p> <table border="1"> <thead> <tr> <th>Date</th> <th>3.5</th> <th>2.4</th> </tr> </thead> <tbody> <tr><td>10/01/2021</td><td>3.79</td><td>2.16</td></tr> <tr><td>10/10/2021</td><td>*3.24*</td><td>1.70</td></tr> <tr><td>10/14/2021</td><td>3.71</td><td>2.30</td></tr> <tr><td>10/16/2021</td><td>*3.11*</td><td>1.72</td></tr> <tr><td>10/18/2021</td><td>3.71</td><td>2.23</td></tr> <tr><td>10/19/2021</td><td>3.80</td><td>2.24</td></tr> <tr><td>10/22/2021</td><td>4.19</td><td>2.29</td></tr> <tr><td>10/24/2021</td><td>*3.31*</td><td>1.91</td></tr> <tr><td>10/26/2021</td><td>4.18</td><td>2.42</td></tr> <tr><td>10/28/2021</td><td>4.12</td><td>2.24</td></tr> <tr><td>11/05/2021</td><td>4.04</td><td>2.27</td></tr> <tr><td>11/11/2021</td><td>3.89</td><td>2.02</td></tr> <tr><td>11/12/2021</td><td>3.90</td><td>2.21</td></tr> <tr><td>11/18/2021</td><td>3.59</td><td>2.06</td></tr> <tr><td>11/25/2021</td><td>3.93</td><td>2.37</td></tr> <tr><td>11/27/2021</td><td>*3.24*</td><td>1.81</td></tr> <tr><td>11/29/2021</td><td>3.54</td><td>1.92</td></tr> <tr><td>12/02/2021</td><td>3.92</td><td>2.27</td></tr> <tr><td>12/08/2021</td><td>3.65</td><td>2.19</td></tr> <tr><td>12/13/2021</td><td>3.65</td><td>2.24</td></tr> <tr><td>12/16/2021</td><td>3.85</td><td>2.32</td></tr> <tr><td>12/23/2021</td><td>3.59</td><td>1.77</td></tr> <tr><td>12/26/2021</td><td>*3.32*</td><td>2.27</td></tr> <tr><td>12/31/2021</td><td>3.71</td><td>2.23</td></tr> </tbody> </table> <p>*x.xx* = non-compliant date</p>	Date	3.5	2.4	10/01/2021	3.79	2.16	10/10/2021	*3.24*	1.70	10/14/2021	3.71	2.30	10/16/2021	*3.11*	1.72	10/18/2021	3.71	2.23	10/19/2021	3.80	2.24	10/22/2021	4.19	2.29	10/24/2021	*3.31*	1.91	10/26/2021	4.18	2.42	10/28/2021	4.12	2.24	11/05/2021	4.04	2.27	11/11/2021	3.89	2.02	11/12/2021	3.90	2.21	11/18/2021	3.59	2.06	11/25/2021	3.93	2.37	11/27/2021	*3.24*	1.81	11/29/2021	3.54	1.92	12/02/2021	3.92	2.27	12/08/2021	3.65	2.19	12/13/2021	3.65	2.24	12/16/2021	3.85	2.32	12/23/2021	3.59	1.77	12/26/2021	*3.32*	2.27	12/31/2021	3.71	2.23	A 000	<p><u>A 200: HSC 1276.65(c)(1)(B) SAS – 3.5 Standard</u></p> <p><u>Immediate measure and systemic changes:</u></p> <p>1.The Administrator has provided an inservice to the Director of Nursing (DON), Director of Staff Development (DSD), Staffing Coordinator and Payroll on the requirements of providing 3.5 direct care service hours per patient day (DHPPD). Inservice conducted on 12/20/2024.</p> <p>2. The Staffing Coordinator will schedule staff based on staffing requirements. The staffing Coordinator will initiate the required Census and Direct Care Service Hours Per Patient Day (CDPH Form 612) and Nursing Staffing Assignment and Sign In Sheet (CDPH Form 530) daily to document DHPPD.</p> <p>3.The DSD and Staffing Coordinator will schedule and replace staff as needed to meet the minimum requirements of staff:</p> <p>(a) Utilizing employee roster.</p> <p>(b) Asking all licensed and certified staff to work overtime:</p> <p>(c) Asking dual-role employees who have a CNA certificate to work.</p> <p>(d) Utilizing Registry Staff.</p>	<p>Completion Date(s): 12/20/2024</p>
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A 200	Continued From page 2	A 200	Description of monitoring process: 1. At the conclusion of each day, the DON and/or designee will verify the information on the Form 612 and Form 530 is complete, true and accurate by signing forms. The DON will verify the information from Saturday & Sunday on Monday. 2. The Administrator will monitor by having the Payroll and/or designee will complete weekly audits of the CDPH Form 612 and CDPH Form 530 to ensure the required documentation is accurate and complete. Any irregularities will be identified and addressed and results given to the Administrator. After the close of each payroll period, the staffing hours will be scanned to the Corporate Office to ensure correct calculations by the staffing compliance office. Findings will be discussed at the facility Quality Assessment and Assurance (QA&A) committee meeting monthly for 6 months or until compliance is achieved and any necessary changes or action plans will be developed and implemented immediately. The date/dates corrective action will be completed: 12/20/2024		
A 200	HSC 1276.65(c)(1)(B) SAS - 3.5 Standard (B) Effective July 1, 2018, skilled nursing facilities, except those skilled nursing facilities that are a distinct part of a general acute care facility or a state-owned hospital or developmental center, shall have a minimum number of direct care services hours of 3.5 per patient day, except as set forth in Section 1276.9. This Statute is not met as evidenced by: Facility failed to meet 3.5 Direct Care Service Hours Per Patient Day (DHPPD), Pursuant to HSC 1276.65(c)(1)(B) for 5 of 24 days. The statute was not met as evidenced by the following findings: The total number of actual direct care nursing hours performed by direct caregivers per patient day divided by the average census during the patient day failed to meet DHPPD Staffing Standard(s).	A 200			